

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/719389**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9	1						59						
10		1					60						
11		2					61						
12		3					62						
13		4					63						
14	1						64						
15		1					65						
16	1						66						
17		2					67						
18		3					68						
19	1						69						
20	1						70						
21		1					71						
22							72						
23							73						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		6				TOTAL IND.						
TOTAL DEP.		15					TOTAL DEP.						
TOTAL CLAIMS		21					TOTAL CLAIMS						